

# Moorpark Presbyterian Church

13950 Peach Hill Rd., Moorpark, CA 93021

Office Phone: 805-529-8422

Office Fax: 805-529-2790

## Facilities Reservation Form

Event Date:		Expected Attendance:	
Sponsoring Organization:			
<b>Contact Information</b>			
Name:		Home Phone:	
Address:		Cell Phone:	
City, State, ZIP:		Email:	
<b>Event Information</b>			
Name:			
Purpose:			
Start Time:		End Time:	
Amount of set-up time needed:			
Room(s) requested		1 <sup>st</sup> Choice:	
		2 <sup>nd</sup> Choice:	
<b>Technical Equipment Setup</b>			
<b>Check those items that will be needed for this event:</b>			
TV <input type="checkbox"/> DVD <input type="checkbox"/> VCR		Sound System	
Projection Screen		CD Player	
Multimedia Projector		Other	
Microphones: <input type="checkbox"/> Wireless, in stand    How many? _____ <input type="checkbox"/> Lapel microphone    How many? _____			
Special Setup - Please describe any special setup you require.			
Director of Worship Initials: _____    Date: _____			
<b>Other Facility Setup Information</b>			
<b>Check those items that will be needed for this event:</b>			
<input type="checkbox"/> Rectangular Tables, 30 x 96    How many? _____		<input type="checkbox"/> Chairs    How many? _____	
<input type="checkbox"/> Circular Tables, 58" diameter    How many? _____			
Special Setup – Please describe any special setup you require.			
Facilities Manager Initials: _____    Date: _____			

I/We have read and do accept the Building Use Policy of Moorpark Presbyterian Church, Moorpark, CA and will abide by its requirements. I/We understand that in case of damage, I/we will forfeit the security deposit and be held responsible for any and all expenses incurred by Moorpark Presbyterian Church to correct and repair the damage over and above the amount of the security deposit.

Signature	Date:
Signature	Date:

<i><b>This section to be completed by the Moorpark Presbyterian Church Staff.</b></i>			
Date entered on the church calendar	By:		
Pastoral consent on content and use of facilities	By:		
Room fee	Fee:		
Kitchen fee	Fee:		
	<b>Payment Received:</b>	<b>Date:</b>	<b>Check #</b>
<b>Proof of Liability Coverage</b>			
<b>Security Deposit</b>			
<b>Balance Due:</b> must be paid in full 2 weeks prior to event			
<b>Cleaning and Repair Deposit</b>			
	<b>Payment Returned:</b>	<b>Date:</b>	<b>Check #</b>
<b>Security Deposit Refunded:</b>			
<b>Cleaning and Repair Deposit Returned/Refunded:</b>			